State of California Photography/Film Permit Application



California Film Commission 7080 Hollywood Boulevard, Suite 900 Hollywood, California 90028 Phone 323-860-2960 ext. 104 Caltrans Fax: 323-860-2976



Permit Category: Caltrans

Production Company/School Informa	tion:
Company Name:	
	ate: Zip Code: Country:
Phone: Fa	x:
Project Information:	
Title:	
Type: [] Feature [] Commercial	Budget: [] \$0 - \$50K [] \$5M - \$10M
[] TV [] Music Video	[] \$50K - \$100K [] \$10M – \$30M
[] MOW [] Documentar	y [] \$100K - \$500K [] \$30M – \$50M
[] Still [] Reality	[] \$500K - \$5M
[] Student [] Other	
Total Shoot Days:	Total Shoot Days in California:
Producer:	Phone:
Director:	
Contact Information:	
Contact Type: [] Location Manager/S	cout [] Production Manager [] Other
Name:	
Phone:	Fax:
Mobile/Cell:	Email:
Permit Service: (If a permit service is com	pleting this application, please provide the information below)
Company:	Contact Name:
Phone:	Fax:
Mohile/Cell:	Email:

Location Info	ormation: (If applica	ation is for m	ultiple loca	ations, complete one page	for each location.)
Location #: _					
Shoot Dates:	:				
	Start Date	End	Date	Call Time (am/pm)	Wrap Time (am/pm)
Prep:					
Shoot:					
Strike:					
Road or High	nway Description:	(Complete	this section	n if the desired location is a	a Caltrans roadway.)
Highway/Free	eway Route #:				
Indicate a Sta	art and End point:				
Start	Mile Marker:		End Mile	e Marker:	<u></u>
Start	Cross Street:		End Cro	ss Street:	<u></u>
Start	On/Off Ramp:		End On/	Off Ramp:	<u></u>
Direction: [] North [] South	[] East	[]Wes	et [] East and West	[] North and South
	Iding Description:	(Complete t		if the desired location is a	_
Property Nam	ne:				
City:	Zip Code:				
				Zip Code:	
Personnel at	this Location:			Zip Code:	
	this Location:			Zip Code:	
Personnel at Number of Ca Number of Ex	this Location:			Zip Code:	
Number of Ca	ast/Crew:			Zip Code:	
Number of Ca Number of Ex	this Location: ast/Crew: tras:			Zip Code:	
Number of Ca Number of Ex Vehicles and Number of Ve	this Location: ast/Crew: tras:			Zip Code:	
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Additional Location Information:	

Please use next page to record information about activities that will occur at this location.

Activity Information: (If multiple activities occur at a location, complete one page for each activity.)
Location # (from Location Information Page)
Activity # (number each activity sequentially for a specific location)
Activity Dates: Start: End:
Activity Description:
Coltrana Lana Clasura Information: (15.45:2-2-45;its; requires read eleganes indicate below)
Caltrans Lane Closure Information: (If this activity requires road closures, indicate below.) Road Type: [] onramp [] offramp [] shoulder [] connector [] main lane [] full closure
Number of Lanes:
Rolling Breaks: [] Yes [] No
Intermittent Traffic Control: [] Yes [] No
Special Effects Information : (The following activities may require a special pyrotechnics permit. To apply for a permit, contact the State Fire Marshal at (213) 700-5884.)
Check All That Apply:
[] Aerial [] Animals [] Candles [] Explosion [] Fire Effects [] Gunfire
[] Open Campfire
[] Tent over 200 Sq. Ft. [] Canopy over 400 Sq. Ft.
Effect Description:
Pyrotechnics Information: (If this activity includes pyrotechnics, please provide the following information, if available.)
Pyrotechnic Dates: Start: End:
Pyrotechnic Activity Description:
FX Technician Name:
FX License #: FX Technician Phone:
FX Technician Mobile/Cell:

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Terms and Conditions

Indemnification: Permittee waives all claims against the state, its officers, agents and employees, for loss or damages caused by, arising out of, or in any way connected with the exercise of this permit.

Permittee agrees to indemnify, defend and save harmless the state, its officers, agents and employees, from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the exercise of this permit, and from any and all claims and losses accruing or resulting to any person, form or corporation who may be injured or damaged by Permittee in the exercise of this permit.

The State shall have the privilege of inspecting the premises covered by this permit at any or all times. This permit shall not be assigned.

The State may terminate this permit at any time if Permittee fails to perform any covenant herein contained at the time and in the manner herein provided. The State agrees it will not unreasonably exercise this right of termination.

The parties hereto agree that the Permittee, its officers, agents and employees in the performance of this permit, shall act in an independent capacity and not as officers, employees or agents of the State.

No alteration or variation of the terms of this permit shall be valid unless made in writing and signed by the parties hereto.

Permittee agrees to maintain all State required insurance, as set forth in the California Film Commission's insurance requirements.

Permittee will not discriminate against an employee or applicant for employment because of race, color, religion, ancestry, sex, age, national origin, or physical handicap.

Permittee agrees to comply with the terms and conditions contained in the attached exhibit(s), which terms and conditions are by the reference made a part thereof.

Permittee hereby agrees to comply with all the rules and regulations of the facility or institution subject to this permit. A copy of this permit is to be maintained at the location at all times during filming activities.

Representative signs upon issuance of permit.				
Company representative signature	Date			
Print name of representative	Title of representative			